Arizona State Board of Pharmacy
4425 W. Olive, Suite 140, Glendale, AZ 85302-3844
623-463-ASBP(2727), FAX: 623-934-0583
www.pharmacy.state.az.us

## **APPLICATION FOR PHARMACY PERMIT**

(Call Board Office for Fee Information)

P	Please check appropriate type of operation: Chain	Hospital	Independent_	Limited Ser	vice
1.	. Business name:				
2.	2. Address: Street and Number				
	Street and Number  FAX:		City E-mail	State	Zip
4.	. Mailing address if different:  Street and Number		City	State	Zip
5.	i. Name of owner(s):	Phone separate sheet i	e: including name, ti	FAX:tle and address.	
6.	. Date business started/opening:	<del></del>			
7.	. This application submitted because of change in ownership? No number, and permit name (if different)				z permit
8.	. Other trade or business names used:				
9.	Have you conducted a similar business in any other jurisdiction?  No Yes If yes, state under what names, locations and permit number:				
0.	Has the owner, or any corporate officer or active partner ever been convicted of an offense involving moral turpitude, a felony offense or any drug-related offense or has any currently pending felony or drug-related charges, and is so indicate charge, conviction date, jurisdiction, and location:				
1.	. Has the owner, any corporate officer or active partner ever been No Yes If yes, indicate where and when:	denied a pharma	cy permit in this s	tate or any other juri	sdiction?
2.	FACILITIES LOCATED IN ARIZONA the following is required:  Floor plan. Include plans or construction drawing showing facility size and security adequate for the proposed business.  Zoning. Include documentation of compliance with local zoning laws.  The following individuals will be present at the Arizona State Board meeting when application is submitted for approval:  i) person named in Number 5, if non pharmacist owner.  ii) person named in Number 14.				
3.	. FACILITIES LOCATED OUTSIDE OF ARIZONA: Attach a photo	copy of license/p	permit issued by S	state of domicile.	
4.	Name of Pharmacist in Charge:				
	AZ License number Expiration date:	Emerge	ency phone:		
То	o the best of my knowledge and belief the foregoing application is t	true and current ir	n all respects.		
	Signature of Owner, Corporate Officer of Manager	<del> </del>	Title		 Date